

Alzheimer's Assisted Living Waiver Provider Application

***This is a request to be screened as provider for the Alzheimer's Assisted Living Waiver. Submission of this request form does not guarantee acceptance as a provider for the waiver. Fill the request form, print, sign, include all required attachments, and mail to the address below.*

Provider Information:

Name of facility: _____

Medicaid Provider Number: _____ License Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number: (____) - ____ - _____ Fax Number: (____) - ____ - _____

E-mail address: _____

Contact name/ Administrator: _____

Owner of facility: _____

Management Company (if any): _____

Application Certification:

I hereby certify that the above application and any attachments is a true and accurate representation of _____ current condition and legal status.

Name of facility

Signature

Title

Date

*****Please return this completed form and all attachments to:***

DMAS

Division of Long Term Care & Quality Assurance

Alzheimer's Waiver

600 East Broad Street, Suite 1300

Richmond, VA 23219

or

Fax to: (804) 786-0206



Commonwealth of Virginia Department of Medical Assistance Services

Division of Long Term Care ♦ 600 East Broad Street, Richmond VA 23219 ♦ (804) 225-4222

The following information must be attached for your application to be considered complete:

Verification of other regulatory compliance: (copies of current certificates must be submitted)

- ☐ Has a valid license with VDSS for operating an assisted living facility “safe and secure” unit.
 - ☐ Meets all VDSS safe and secure guidelines
 - ☐ Restaurant certification for kitchen
 - ☐ Fire Marshal certification
- ☐ All staff have and passed the criminal record check
- ☐ All staff has the correct credentials and staff training, (per VDSS safe and secure license)

Physical Plant:

- ☐ Secure alarm system to building or unit
- ☐ Bedrooms have no more than 2 residents per room
- ☐ Windows cannot be used as exit by residents
- ☐ There is a secure outside area available to residents
- ☐ There is an interior walking area
- ☐ General interior is free of any items that may place resident at risk

Policies and Procedures: (policies must be submitted for review)

- ☐ All staff meet education and skill criteria
 - ☐ Administrator
 - ☐ Registered Nurse
 - ☐ Licensed Practical Nurse
 - ☐ Unit Coordinator
 - ☐ Activities staff
- ☐ Staff Training provided by professional with expertise in dementia
- ☐ One months staff schedule for the facility
- ☐ Written on call staff expectation that staff will arrive at work within 1 hour of being called
- ☐ Activities will be developed coordinated and implemented by activities staff. (MINIMUM of 19 hours of group and 1 hour of one to one a week) (One months sample)
- ☐ All assessments and plans of care are complete
- ☐ Initial and ongoing staff training documented
- ☐ Emergency plans for resident behavior problems
- ☐ Write staff ensures schedule for compliance for awake staff coverage
- ☐ Guidelines for admission to the safe & secure unit in writing
- ☐ All the residents meet the criteria for the Alzheimer’s Assisted Living Waiver.

Forms: (must be submitted for review)

- ☐ Family & Administrator approval of placement form
- ☐ Admission physical
- ☐ Admissions Nursing assessment
- ☐ Monthly nurses summary
- ☐ Resident plan of care / ISP (annual and quarterly)
- ☐ Licensed Health Care Professional log
- ☐ Daily Census Log
- ☐ Validation that resident is 55+ years of age
- ☐ Licensed psychologist or physician statement documenting the recipient having a diagnosis of Alzheimer’s disease or a related dementia (statement must include all 6 of the following elements: Cognitive impairments, Personal care techniques, Behavior Management, Communication Skills, Activity planning, Safety considerations)
- ☐ Documentation that the recipient does not have one of the prohibited conditions as outlined in the VDSS regulations.
- ☐ Documentation of recipients currently receiving an Auxiliary Grant from VDSS.



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